P95000006303

FILED

95 JAN 20 AM 8 48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THOMAS J. McLAUGHLIN, ESQUIRE
ATTORNEY AT LAW
14220 SOUTHWEST 136 STREET
MIAMI, FLORIDA 33186
(305) 235-9550

January 4, 1995

[illegible]
-01/20/95--01092--001
****122.50 ****122.50

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Montaldo Food Distributors, Inc.

Dear Sirs:

Enclosed please find two originals of the Articles of Incorporation for filing in the above-styled action. Further enclosed, please find my check in the amount of $122.50 in payment of the filing fees for said corporation

Please file these Articles and return a certified copy of the Articles along with the certification of filing in the self-addressed stamped envelope.

Sincerely yours,

Thomas J. McLaughlin

THOMAS J. McLAUGHLIN

TJM/amg
Encls.
cc: client

1-25-95

FILED
95 JAN 20 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

MONTALDO FOOD DISTRIBUTORS, INC.

ARTICLE I - NAME AND ADDRESS

The name of this corporation is MONTALDO FOOD DISTRIBUTORS. The address of the principal office and the mailing address of this corporation is: 14220 S.W. 136 Street, Miami, FL 33186.

ARTICLE II - PURPOSE

This corporation is organized for the purpose of selling meats and other food products on a retail and wholesale level and any and all other legitimate business.

ARTICLE III - CAPITAL STOCK

The aggregate number of shares which this corporation shall have authority to issue is One Thousand (1,000) shares of common stock, all of which are to have a par value of One Dollar ($1.00) per share. The Board of Directors shall fix the consideration to be received for each share. Such consideration shall consist of any tangible or intangible property or benefit to this corporation, including cash, promissory notes, services performed or written promises to perform services and shall have a value, in the judgment of the directors, equivalent to or greater than the full par value of the shares.

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation and the name of the initial registered agent of this corporation at such office is:

NAME	ADDRESS
THOMAS J. McLAUGHLIN, ESQ.	14220 S.W. 136th St. Miami, Florida 33186

ARTICLE V - COMMENCEMENT

This corporation shall commence on the date on which these Articles of Incorporation are filed with the Secretary of State.

ARTICLE VI - INITIAL BOARD OF DIRECTORS

Name	Address
ANTHONY MONTALDO President/Director	434 S.E. Third Place Dania, FL 33004
PHYLLIS MONTALDO Vice President/Secretary and Treasurer	434 S.E. Third Place Dania, FL 33004

ARTICLE VII - INCORPORATOR

The name and address of the person signing these Articles of Incorporation as incorporator is:

Name	Address
THOMAS J. McLAUGHLIN, ESQ.	14220 S.W. 136th St. Miami, FL 33186

ARTICLE VIII - BYLAWS

The power to alter, amend or repeal the Bylaws shall be vested in each of the Board of Directors and the shareholders of this corporation.

ARTICLE IX - INDEMNIFICATION

This corporation shall indemnify any officer or director, or any former officer or director of this corporation, to the

fullest extent permitted by law.

ARTICLE X - AMENDMENT

This corporation reserves to its shareholders the right to amend or repeal any provisions now or hereafter contained in these Articles of Incorporation. Any rights which these Articles may confer upon this corporation may be modified or canceled by a vote of the shareholders to amend or repeal said Articles.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 30th day of December, 1994.

Thomas J. McLaughlin
THOMAS J. McLAUGHLIN

STATE OF FLORIDA)
) SS.
COUNTY OF DADE)

BEFORE ME, the undersigned authority, authorized to take acknowledgments in the State and County set forth above, personally appeared THOMAS J. McLAUGHLIN, known to me and known by me to be the person who executed the foregoing Articles of Incorporation as Incorporator thereof, and she acknowledged before me that she executed these Articles of Incorporation.

IN WITNESS WHEREFORE, I have hereunto set my hand and official seal, in the State and County aforesaid, this 30 day of December, 1994.

Sandra T. Knapp
NOTARY PUBLIC, State of Florida

MY COMMISSION EXPIRES:

SANDRA T. KNAPP
MY COMMISSION # CC352326 EXPIRES
March 22, 1998
BONDED THRU TROY FAIN INSURANCE, INC.

FILED
95 JAN 20 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF APPOINTMENT
OF
REGISTERED AGENT

I HEREBY ACCEPT the appointment as Registered Agent contained in the foregoing Articles of Incorporation and state that I am familiar with and accept the obligations of Section 607.0501 of the Florida Statutes.

Thomas J. McLaughlin
THOMAS J. MCLAUGHLIN
Registered Agent

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR '96 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV 25 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000006303

1. Corporate Name: Montaldo Food Distributors, Inc

Principal Place of Business: 2641 S. Park Road, Pembroke Park, FL 33009

Mailing Address:

700002017057--0
-12/02/96--01030--013
****375.00 ****375.00

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable	3. New Mailing Address, if Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 1/20/95

5. FEI Number: 65-0552452 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	Anthony Montaldo	2641 S. PARK ROAD	Pembroke Park, FL 33009
VP	Phyllis Montaldo	2641 S. PARK ROAD	Pembroke Park, FL 33009

REINSTATEMENT 1996
A. Alan
11-25-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: ANTHONY Montaldo

Street Address (P.O. Box Number is Not Acceptable): 2641 S. PARK Road

Suite, Apt. #, Etc.

City: Pembroke PARK State: FL Zip Code: 33009

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Anthony P Montaldo ANTHONY P MONTALDO Date 11/15/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

I [illegible] certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I [illegible] from [illegible] compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that when filing [illegible] or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. [illegible] has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all [illegible] application is true and accurate and my signature shall have the same legal effect as if made under oath [illegible] have been paid. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made [illegible]

SIGNATURE: Anthony P Montaldo ANTHONY P. MONTALDO Date 11/18/96 Daytime Phone # (954) 9663166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/95)

P95 0000 6303

FOR OFFICIAL USE

DATE NUMBER

TO :
DEPARTMENT OF STATE

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #	
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1	
TRUST	471.25	ACCOUNT CLOSED	2	2
OTHER		UNCOLLECTED FUNDS	3	
TOTAL	471.25	OTHER	4	

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	1	35.00
12	45-20-2-130001-45300000-00-000100-00	2	61.25
12	45-20-2-130001-45300000-00-000100-00	1	375.00

GRAND TOTAL: $ 471.25

RECEIVED 97 JAN -2 PM 3:43

72174-C

375.00
18.75

3000020067483--1
01/24/97 01019--009
****393.75 ****393.75

Process Date: 12/16/96

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Nelson
State Treasurer

P95000063303

Thumann's MONTALDO Food Distributors, Inc.
2641 S. Park Road • Pembroke Park, FL 33009

Broward: (305) 966-3166
Palm Beach: (407) 737-5366

Fax: (305) 964-9855

1/28/97

Secretary of State
Division of Corp.
P.O. Box 6327
Tallahassee, FL 32314
Attn: Karen Gibson

FEIN # correction
1/28

Dear Karen,

This letter is to inform you that our Federal I.D. Number is stated incorrectly in your files. You have our number as 65-0553452. Our number should be corrected to - 65-0552452

We would greatly appreciate having our number corrected.

Thank you for your help in this matter!!

Sincerely,

Joyce A. Kochman